

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004322

1. Entity Name

EGLISE EBEN-EZER D'ORLANDO INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90114 045 ****61.25

Principal Place of Business 2392 W CHURCH ST. REET ORLANDO FL 32855	Mailing Address P.O. BOX 550065 ORLANDO FL 32855-0065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3351309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN, MAUREL
1547 DALY ST
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JEAN, MAUREL	
STREET ADDRESS	1547 DALY ST	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GILBERT, ROSLY	
STREET ADDRESS	3718 S RIO GRANDE AVE. #R3718	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAUL, GEORGEUL W	
STREET ADDRESS	2028 CRICKET DR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAINE PIERRE	
STREET ADDRESS	1547 DALY ST.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **4-3-2000 407.291-9830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)